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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 31 OF 35 (check only one) X 17
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NAME OF COMMITTEE (In Full) Price for Congress				
۱.	Full Name (Last, First, Middle Initial) Ms. Anna Tilghman Mailing Address 4122 Rockingham Dr			Date of Disbursement 01 29 2015
	City State Raleigh NC Purpose of Disbursement Salary Candidate Name Office Sought: House Senate Primary President Other (s	General	001 Category/ Type	Amount of Each Disbursement this Period 4607.81 Transaction ID : D502414 [MEMO ITEM]
3.	State: District: Full Name (Last, First, Middle Initial) ADP Mailing Address 4101 Doie Cope Road			Date of Disbursement O1
	President Other (s State: District:	General	001 Category/ Type	Amount of Each Disbursement this Period 4593.93 Transaction ID : D502359
Full Name (Last, First, Middle Initial) Ms. Anna Tilghman Mailing Address 4122 Rockingham Dr				Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		General	001 Category/ Type	Amount of Each Disbursement this Period 4593.93 Transaction ID : D502413 [MEMO ITEM]
State: District: SUBTOTAL of Disbursements This Page (optional)				
9	rate of biobardonionio fino fago (optional)			7

TOTAL This Period (last page this line number only).....